

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	214528920		
1.) CORPORATION NAME: <b>FAIRFAX PETS ON WHEELS, INC.</b> <div style="float: right;">DUE DATE: <b>7/31/2014</b></div>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JUDITH A MITNICK</b> <b>400 S MAPLE AVE #210</b> <b>FALLS CHURCH, VA</b> <div style="float: right;">SCC ID NO: <b>04501367</b></div>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FALLS CHURCH CITY (FILED IN ARLINGTON COUNTY)</b> <div style="float: right;">5.) STOCK INFORMATION</div>				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b> <div style="float: right;"> <table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">CLASS</td> <td style="padding: 2px;">AUTHORIZED</td> </tr> </table> </div>			CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;">           ADDRESS: 12011 GOVERNMENT CENTER PKWY            SUITE 708             CITY/ST/ZIP: FAIRFAX, VA 22035-1104         </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: MADELYNN ARNOLD TITLE: PRESIDENT ADDRESS: 4828 MARTIN STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: BONNIE BURHAM TITLE: VICE PRESIDENT ADDRESS: 13133 CURVED IRON ROAD CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: HELEN CARROLL TITLE: TREASURER ADDRESS: 391 Wintercamp Trail CITY/ST/ZIP/CO: Hedgesville, WV 25427	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: LAURIE STONE TITLE: SECRETARY ADDRESS: 5523 SHOOTERS HILL LANE CITY/ST/ZIP/CO: FAIRFAX, VA 22032	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: KATHI BAKER TITLE: DIRECTOR ADDRESS: 925 WELHAM GREEN ROAD CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: RUTH BENKER TITLE: DIRECTOR ADDRESS: 9923 TARTAN COURT CITY/ST/ZIP/CO: VIENNA, VA 22181	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NIKKI DIPALMA DIRECTOR 320 S. West Street #401 ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AL DOEHRING DIRECTOR 10515 NORMAN AVENUE FAIRFAX, VA 22030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUDITH MITNICK DIRECTOR 7602 MARION COURT FALLS CHURCH, VA 22042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH ZELTEN DIRECTOR 2602 OGDEN STREET FALLS CHURH, VA 22043	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Colleen Nassetta DIRECTOR 10612 Regent Park Court Fairfax, VA 22030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Diane Ehrig DIRECTOR 320 S. West Street #401 Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MADELYNN ARNOLD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MADELYNN ARNOLD, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/4/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			